

## APPLICATION FOR RADIOACTIVE MATERIAL LICENSE NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY

RADIATION CONTROL PROGRAM SFN 8418 (3/2019)

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE (NUREG-1556 SERIES) FOR DETAILED INSTRUCTIONS FOR

COMPLETING APPL	ICATION. EMAIL A COPY OF THE ENTI	RE COMPLETE	D APPLICATION TO RAM@NE	).GOV				
1. X A. New Lic		2. Name and Mailing Address of Applicant (include Zip Code)  SECURE Energy Services USA, LLC 5807 Front Street West Williston, ND 58801						
B. Amendn	B. Amendment to License Number							
C. Renewal of License Number						.		
D. Current	NRC or Agreement State License No	Williaton, ND 30001						
Address where Licensed Material will be Used or Possessed			Name of Person to be Contacted about this Application					
SECURE E	www.Samilean USA LLC		Kurt Rhea					
SECURE Energy Services USA, LLC 13-Mile Landfill			Business Telephone Number	Business Cell Phone Number				
13809 66th Street NW			(720) 782-7005	(303) 945-5381				
Williston, ND 58801			Business Email Address					
			krhea@secure-energy.com					
SUBMIT DOCUMENT	SUBMIT DOCUMENTION FOR ITEMS 5 THROUGH 11 AND AN ELECTRONIC COPY OF YOUR CURRENT OPERATING AND EMERGENCY							
	UAL. THE TYPE AND SCOPE OF INFO ION GUIDE (NUREG-1556 SERIES).	RMATION TO E	BE PROVIDED IS DESCRIBED	IN THE APPROPRIATE				
5. Radioactive Mat			······································					
	nd mass number; and/or physical form; and							
	amount which will be possessed at any on	e time						
<ol><li>Purpose(s) for v</li></ol>								
7. Individual(s) Responsible for Radiation Safety Program and their Training Experience.								
<ul> <li>8. Training for Individuals Working in or Frequenting Restricted Areas.</li> <li>9. Facilities and Equipment</li> </ul>								
	9. Facilities and Equipment  10. Radiation Safety Program							
	1. Waste Management							
12. License Fee (See North Dakota Radiological Health Rule 33.1-10-11)								
	andfill Waste Disposal		unt Enclosed \$ 142,537.00					
13. Obtain a "Certificate of Authority" from the North Dakota Secretary of State to operate in North Dakota.  Call (800) 352-0867 ext. 4284 for more information.								
<ol> <li>Certification (must be completed by applicant). The applicant understands that all statements and representations made in this application are binding upon the applicant.</li> </ol>								
prepared in confor	any official executing this certification on beha mity with Radiation Health Chapters 33.1-10-3 s true and correct to the best of their knowledg	.1, -04.2, -05.1, -						
Certifying Officer – Ty	ped/Printed Name and Title	Signature	'	Date				
Kurt Rhea, Co	orporate RSO	7	Wit Bhe	5/7/2021				
A hard copy of this for	rm shall be signed, dated and submitted to	the Departmen	nt along with the appropriate lice	nse fee. Payment shall be in the				

form of a check or money order payable to the North Dakota Department of Environmental Quality. Send to:

North Dakota Department of Environmental Quality Division of Air Quality 918 East Divide Avenue, 2nd Floor Bismarck, ND 58501-1947

FOR DEPARTMENT USE ONLY									
TYPE OF FEE	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS					
		3	DATE						